

Case No. \_\_\_\_\_  
Dept. No. \_\_\_\_\_

**IN THE JUSTICE COURT OF HENDERSON TOWNSHIP  
COUNTY OF CLARK, STATE OF NEVADA**

\_\_\_\_\_) **Applicant(s),**  
**vs.** ) **APPLICATION FOR ORDER FOR**  
) **PROTECTION AGAINST STALKING,**  
) **AGGRAVATED STALKING, OR**  
) **HARASSMENT (NRS 200.591)**

\_\_\_\_\_) **Adverse Party(s).**

**STALKING** - A person commits the crime of stalking when, without lawful authority, that person willfully or maliciously engages in a course of conduct that would cause a reasonable person to feel terrorized, frightened, intimidated or harassed, and that actually causes the victim to feel terrorized, frightened, intimidated or harassed. (NRS 200.575 (1))

**AGGRAVATED STALKING** - A person commits the crime of aggravated stalking when that person commits the crime of stalking and, in conjunction therewith, threatens the person with the intent to cause him to be placed in reasonable fear of death or substantial bodily harm. (NRS 200.575 (2))

**HARASSMENT** - A person commits the crime of harassment when (a) that person, without lawful authority, knowingly threatens: (1) to cause bodily injury in the future to the person threatened or to any other person; (2) to cause physical damage to the property of another person; (3) to subject the person threatened or any other person to physical confinement or restraint; or (4) to do any act which is intended to substantially harm the person threatened or any other person with respect to his physical or mental health or safety; and (b) the person by words or conduct places the person receiving the threat in reasonable fear that the threat will be carried out. (NRS 200.571)

**PLEASE TYPE OR PRINT CLEARLY.**

**COMPLETE THE APPLICATION TO THE BEST OF YOUR KNOWLEDGE.**

I am applying for protection (check all that apply):

☐

For Myself

☐

On behalf of another person(s)

I reasonably believe that the Adverse Party has committed and/or is committing the crime of stalking, aggravated stalking or harassment as defined above. The acts occurred as follows:

**THIS FORM IS A PUBLIC RECORD**

☐ *Check if you use a continuation page (to be incorporated by reference)*

This matter does not have to be reported to law enforcement; however, has a report ever been filed? ☐ Yes ☐ No

If yes, approximate date(s):

Name of law enforcement agency:

Case/Event number if known:

**(NOTE: IT IS NOT NECESSARY TO FILE A LAW ENFORCEMENT REPORT, BUT IF YOU HAVE ONE AVAILABLE, PLEASE ATTACH A COPY OR BRING IT TO THE COURT HEARING.)**

For purposes of this form, a "TPO Action" is defined to include the following **Justice Court** actions:

- (1) An Order for Protection Against Stalking and Harassment (NRS 200.591);
- (2) An Order for Protection of Children (NRS 33.400);
- (3) An Order for Protection Against Harassment in the Workplace (NRS 33.270). A "TPO Action" is also defined to include the following **Justice/Family/District Court** action:
  - (a) An Order for Protection Against Domestic Violence (NRS 33.020)

**Please Check the Appropriate Box Below:**

☐ In the last 2 years, Applicant or any party seeking protection has not filed a TPO action against the Adverse Party anywhere in the State of Nevada, and the Adverse Party has not filed a TPO action against Applicant or any party seeking protection anywhere in the State of Nevada.

☐ In the last 2 years, the following TPO action(s) in the State of Nevada have been filed involving Applicant and the Adverse Party:

| Case #<br>(if known) | Court<br>(Justice/Family) | Place of<br>Filing | Approx.<br>Date Filed | Outcome (TPO<br>granted, denied,<br>rescinded, etc.) |
|----------------------|---------------------------|--------------------|-----------------------|--|
|                      |                           |                    |                       |  |
|                      |                           |                    |                       |  |
|                      |                           |                    |                       |  |

*Applicant must be at least 18 years of age. If not 18 years of age, consult with the Clerk.*

1. a) Applicant's Name Age

\_\_\_\_\_  
(Last) (First) (Middle)

b) Applicant's relationship to Adverse Party: \_\_\_\_\_

c) Provide names below of those for whom you are seeking protection, including yourself, minors or household members that need this protection. Indicate the relationships of all persons listed to yourself and to the Adverse Party (e.g., spouse, intimate partner, friend, roommate, neighbor, relative, acquaintance, co-worker, stranger):

| NAME | AGE | RELATIONSHIP<br>TO APPLICANT | RELATIONSHIP<br>TO ADVERSE<br>PARTY |
|------|-----|------------------------------|-------------------------------------|
|      |     | Self (if applicable)         |                                     |
|      |     |                              |                                     |
|      |     |                              |                                     |
|      |     |                              |                                     |
|      |     |                              |                                     |
|      |     |                              |                                     |

Explain why protection is needed for the individuals listed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(NOTE: YOUR APPLICATION WILL NOT BE DENIED BASED UPON A PARTICULAR RELATIONSHIP. HOWEVER, DEPENDING UPON YOUR RELATIONSHIP, YOU MAY ALSO BE ELIGIBLE TO APPLY FOR AN ORDER OF PROTECTION AGAINST DOMESTIC VIOLENCE PURSUANT TO NRS CHAPTER 33.)**

2. Has the Adverse Party ever lived with any Party listed above? ☐ Yes ☐ No

If so, for how long? \_\_\_\_\_

3. Is anyone listed above living with the Adverse Party now? ☐ Yes ☐ No

If so, who? \_\_\_\_\_

4. Date of separation (if applicable): \_\_\_\_\_

5. Are there children involved? ☐ Yes ☐ No If so, how are they involved?

\_\_\_\_\_

\_\_\_\_\_

6. Has the Adverse Party ever been involved in any other relevant Court actions (e.g.,  
eviction, divorce, custody, criminal, etc.)?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Residence(s) where protection is needed:

☐ CONFIDENTIAL (*If confidential, check and move to the next question*) or,

☐ If not confidential, list address, city, state and zip code:

\_\_\_\_\_

\_\_\_\_\_

8. Place(s) of employment where protection is needed:

☐ CONFIDENTIAL (*If confidential, check and move to the next question*) or,

☐ If not confidential, list name, address, city, state and zip code:

\_\_\_\_\_

\_\_\_\_\_

9. Location of school(s) where protection is needed:

☐ CONFIDENTIAL (*If confidential, check and move to the next question*) or,

☐ If not confidential, list name, address, city, state and zip code:

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10. Other specific locations frequented where protection is needed (i.e., sports, extra-curricular activities, church, employment, after-school activities, etc.):

☐ CONFIDENTIAL (*If confidential, check and move to the next question*) or,

☐ If not confidential, list name, address, city, state and zip code:

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11. If there are persons other than those listed on page 4 that the Adverse Party should be directed not to contact, please name the individuals and explain why these precautions are needed: \_\_\_\_\_

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12. If there are any other safety concerns that the Court should know (e.g., firearms, etc.), please briefly explain:

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**I ACKNOWLEDGE** that an Extended Order may only be granted after notice of the petition for the Order and of the Hearing thereon is served upon the Adverse Party pursuant to the Rules of Civil Procedure, and a hearing is held on the petition.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA THAT: (1) I AM THE APPLICANT HEREIN, (2) I HAVE READ THE STATEMENTS CONTAINED HEREIN OR HAVE HAD THEM READ TO ME, (3) I BELIEVE THESE STATEMENTS TO BE TRUE, AND (4) THE REQUESTED ORDER IS NEEDED.

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PRINT NAME